

UNITED STATES DISTRICT COURT  
FOR THE  
Eastern DISTRICT OF Michigan

UNITED STATES OF AMERICA

Case No. CR20053  
(write the number of your criminal  
case)

v.

Cheryl Dolores Cheatham  
Write your full name here.

**MOTION FOR SENTENCE  
REDUCTION UNDER  
18 U.S.C. § 3582(c)(1)(A)  
(Compassionate Release)  
(Pro Se Prisoner)**

**NOTICE**

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Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☐ Yes

☒ No

If you answered yes, please list the documents in section IV of this form.

**I. SENTENCE INFORMATION**

Date of sentencing: 12/20/2017

Term of imprisonment imposed: 144 months

Approximate time served to date: 4 years 3 months

Projected release date: 1/18/2027

Length of Term of Supervised Release: 5 years

Have you filed an appeal in your case?

☐ Yes

☒ No

Are you subject to an order of deportation or an ICE detainer?

☐ Yes

☒ No

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES<sup>1</sup>**

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

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<sup>1</sup> The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

☒ Yes, I submitted a request for compassionate release to the warden on \_\_\_\_\_.

☐ No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

\_\_\_\_\_  
\_\_\_\_\_

Was your request denied by the Warden?

☒ Yes, my request was denied by the warden on (date): 8/3/2020.

☐ No. I did not receive a response yet.

### III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

#### A. Are you 70 years old or older?

☐ Yes.

☒ No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

☐ Yes.

☒ No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

☒ Yes.

☐ No.

**B. Do you believe there are other extraordinary and compelling reasons for your release?**

☒ Yes.

☐ No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

☐ I have been diagnosed with a terminal illness.

☒ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.

☒ I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

☐ There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

*See Attachment*

#### IV. ATTACHMENTS AND REQUEST TO SEAL

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?		Request to seal?	
Proposed Release Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional medical information	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney and I request an attorney be appointed to help me.

☒ Yes  
☐ No

VI. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

2/25/2021  
Date

Cheryl Cheatham  
Signature

Cheryl Cheatham  
Name

55071-039  
Bureau of Prisons Register #

F.C.I. Dublin  
Bureau of Prisons Facility

5701 84th Street Dublin, CA 94568  
Institution's Address



To: Honorable Stephen J. Murphy III,

I'm writing this to request help me in a motion for a Compassionate Release Reduction of Sentence under the First Step Act 3582 (C)(1)(A). Program Statement (50.50.50) I am 67 years old with health problems such as: Osteoarthritis, I have schizophrenia, and I am Bi-polar. My spine is offline from my neck (cervical) to my lumbar spine.

~~I~~ I have Bronchial COPD Asthma with emphysema I receive injection in my left knee every 3 months. I caught Covid-19 during my stay.

I will be residing if Motion is approved with my daughter Sharrl Cheatham at 3168 West Butler Drive/Phoenix, Az. 85051 She and my sons: Isaiah Allen, Damian Allen, and Zenas Witherspoon will be supporting me. I will also be receiving S.S.D.I.

I'm asking ~~that~~ Mercy on the court please. I've learn my lesson. I'm so sincere. I Apology for my actions. I'm too old to be running around with youngsters. I'll be 68 come July. My grandkids need me. This will be my first and last time in your Court room.

Sincerely,  
Mrs Cheryl Cheatham

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02091556

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-02-2021

Plan is for inmate: CHEATHAM, CHERYL 55071-039

Facility: DUB DUBLIN FCI  
 Name: CHEATHAM, CHERYL  
 Register No.: 55071-039  
 Age: 67  
 Date of Birth: 07-14-1953

Proj. Rel. Date: 01-18-2027  
 Proj. Rel. Mthd: GCT REL  
 DNA Status: OKL13015 / 06-07-2018

**Detainers**

Detaining Agency	Remarks
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NO DETAINER

**Pending Charges**

Phoenix Municipal Court, Case #4969002

**Current Work Assignments**

Fac	Assignment	Description	Start
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NO ASSIGNMENTS

**Current Education Information**

Fac	Assignment	Description	Start
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DUB	ESL HAS	ENGLISH PROFICIENT	07-12-2018
DUB	GED HAS	COMPLETED GED OR HS DIPLOMA	09-05-2018

**Education Courses**

SubFac	Action	Description	Start	Stop
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DUB F	C	ACE CHANNELING STRESS 1 SELFST	12-18-2020	12-18-2020
DUB F	C	ACE JAZZ & JUSTICE P1 SELFST	01-24-2021	01-24-2021
DUB F	C	ACE BENEFITS OF BEING SELFST	11-22-2020	11-23-2020
DUB F	C	ACE CRUCIAL DECISION MAKING 1	12-03-2020	12-03-2020
DUB F	C	ACE PATH 2 MENTAL WELL SELFSTY	11-11-2020	11-12-2020
DUB F	C	ACE THINK & BE HEALTHY SELFSTY	11-09-2020	11-10-2020
DUB F	C	ACE CONFLIC RESOLUTION 2 SLFST	11-04-2020	11-05-2020
DUB F	C	ACE CONFLIC RESOLUTION 1 SLFST	10-12-2020	10-13-2020
DUB F	C	ACE CIVIL RIGHTS MOVEMT SELFST	08-27-2020	08-27-2020
DUB F	C	ACE EXPLORING EMOTIONS	10-26-2019	11-23-2019
DUB F	C	EXPLORING EMOTIONS	09-21-2019	10-19-2019
DUB F	C	WORD 2013 M-F 1230-1445	07-22-2019	10-07-2019
DUB F	C	EFFECTS OF INCAR. ON CHILDREN	09-14-2019	10-17-2019
DUB F	C	TYPING 630-730AM M-F EDUCATION	06-17-2019	07-02-2019
DUB F	C	MEMORY CLASS	05-22-2019	06-12-2019
DUB F	C	BASIC COMPUTERS M-F 1230-130PM	12-01-2018	12-15-2018

**Discipline History (Last 6 months)**

Hearing Date	Prohibited Acts
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\*\* NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

**Current Care Assignments**

Assignment	Description	Start
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CARE1	HEALTHY OR SIMPLE CHRONIC CARE	06-27-2018
CARE2-MH	CARE2-MENTAL HEALTH	06-26-2018

**Current Medical Duty Status Assignments**

Assignment	Description	Start
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LOWER BUNK	LOWER BUNK REQUIRED	09-19-2018
NO F/S	NO FOOD SERVICE WORK	06-27-2018
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	06-27-2018
SOFT SHOES	SOFT SHOES ONLY	11-25-2020
WHEELCHAIR	REQUIRES WHEELCHAIR	11-25-2020

**Current Drug Assignments**





# Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02091556

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-02-2021

Plan is for inmate: CHEATHAM, CHERYL 55071-039

Assignment	Description	Start
DAP UNQUAL	RESIDENT DRUG TRMT UNQUALIFIED	05-09-2019
ED COMP	DRUG EDUCATION COMPLETE	08-28-2020

## FRP Details

### Most Recent Payment Plan

FRP Assignment: **COMPLT** **FINANC RESP-COMPLETED** Start: 06-14-2019Inmate Decision: **AGREED** **\$25.00** Frequency: **QUARTERLY**Payments past 6 months: **\$0.00** Obligation Balance: **\$0.00**

### Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$100.00	\$0.00	IMMEDIATE	COMPLETEDZ

\*\* NO ADJUSTMENTS MADE IN LAST 6 MONTHS \*\*

### Payment Details

Trust Fund Deposits - Past 6 months: \$ N/A

Payments commensurate ? N/A

New Payment Plan:

\*\* No data \*\*

## Progress since last review

Completed ACE Channeling Stress class

Completed ACE Jazz and Justice class

Completed ACE Benefits of Being Self class

Completed ACE Crucial Decision Making class

Completed ACE Path 2 Mental Wellness class

Completed ACE Think and Be Healthy class

Completed ACE Conflict Resolution 1 and 2 classes

## Next Program Review Goals

Inmate programs have been significantly impacted due to COVID-19. The institutions do not anticipate returning to normal operations. Therefore, no short term programming goals will be recommended at this time. During these times of program disruptions, the inmate is encouraged to journal, read, and maintain contact with family.

## Long Term Goals

Upon the institution returning to normal operations, enroll in one of the following classes: enroll in a self-improvement course of your choice or educational courses

## RRC/HC Placement

## Comments

Inmate will be reviewed for pre-release RRC placement/home confinement, in accordance with the 2nd Chance Act of 2007 and the 5-factor criteria from 18 U.S.C. 3621(b), approximately 17 - 19 months to release date.

RPP Needs - Need to complete Health, Employment, Finance and Community Resource classes

PREA risk factors were reviewed



**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02091556

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-02-2021

Plan is for inmate: CHEATHAM, CHERYL 55071-039

Name: CHEATHAM, CHERYL  
Register No.: 55071-039  
Age: 67  
Date of Birth: 07-14-1953

DNA Status: OKL13015 / 06-07-2018

Inmate (CHEATHAM, CHERYL. Register No.: 55071-039)

Date

Unit Manager / Chairperson

Case Manager

Date

Date

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT

FOR THE

Eastern DISTRICT OF Michigan

UNITED STATES OF AMERICA

Case No. CR20053

(write the number of your criminal case)

v.

Cheryl Dolores Cheatham

Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☐ Yes

☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**PROPOSED RELEASE PLAN**

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

**A. Housing and Employment**

Provide the full address where you intend to reside if you are released from prison:

3168 West Butler Drive  
Phoenix, AZ 85051

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

Sharri Cheatham  
(602) ~~536~~-4020 (602)-563-4020

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

JDC 14 grand/s on JDC 12 granddaughte  
DLH 8 grand/s on

If you have employment secured, provide the name and address of your employer and describe your job duties:

N/A

List any additional housing or employment resources available to you:

N/A

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**B. Medical needs**

Will you require ongoing medical care if you are released from prison?

☒ Yes

☐ No

Will you have access to health insurance if released?

☒ Yes

☐ No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

Medicare United Health Dual Complete  
Medicaid AARP

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☒ Yes

☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☒ Yes

☐ No

If yes, please include them with your motion. If no, where are the records located?

\_\_\_\_\_  
\_\_\_\_\_



ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Are you currently prescribed medication in the facility where you are incarcerated?

☒ Yes

☐ No

If yes, list all prescribed medication, dosage, and frequency:

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Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☒ Yes

☐ No

If yes, list equipment:

Walker and wheelchair

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Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes

☒ No

If yes, please list the required assistance and how it will be provided:

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Do you require assisted living?

☐ Yes

☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.

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Are the people you are proposing to reside with aware of your medical needs?

☒ Yes

☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes

☐ No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

Isaiah Allen 44 (son) Zenas Witherspoon 33 (son)  
Damian Allen 42 (son)

Will you have transportation to and from your medical appointments?

☒ Yes

☐ No

Describe method of transportation:

My children will take me to my medical  
appointments.

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

2/25/2021  
Date

Cheryl Cheatham  
Signature

Cheryl Cheatham  
Name

55071-039  
Bureau of Prisons Register #

F.C.I. Dublin  
Bureau of Prisons Facility

5701 84th Street Dublin CA 94568  
Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT

FOR THE

Eastern DISTRICT OF Michigan

UNITED STATES OF AMERICA

Case No. CR 20053

(write the number of your criminal case)

v.

Cheryl Dolores Cheatham

Write your full name here.

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**  
**In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

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If you attach documents to this form that you believe should not be publicly available, you may request permission from the court to file those documents under seal. If the request is granted, the documents will be placed in the electronic court files but will not be available to the public.

Do you request that the attachments to this document be filed under seal?

☐ Yes

☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**

To the extent you have medical records or additional medical information that support your motion for compassionate release, please attach those records or that information to this document.

**SIGNATURE**

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

2/25/2021  
Date

Cheryl Cheatham  
Signature

Cheryl Cheatham  
Name

55071-039  
Bureau of Prisons Register #

F. C. I. Dublin  
Bureau of Prisons Facility

5701 8th Street Dublin CA 94568  
Institution's Address



**Bureau of Prisons  
Health Services  
Medication Summary  
Current as of 01/27/2021 12:07**

Complex: DUB--DUBLIN FCI	Begin Date: N/A	End Date: N/A
Inmate: CHEATHAM, CHERYL	Reg #: 55071-039	Quarter: C01-301L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

**Active Prescriptions**

amLODIPine 5 MG TAB

Take one tablet (5 MG) by mouth each day

Rx#: 179367-DUB Doctor: Tang, Keith MD

Start: 03/31/20 Exp: 03/31/21

Pharmacy Dispensings: 300 TAB in 303 days

Acetaminophen 325 MG Tab

Take two tablets (650 MG) by mouth twice daily AS NEEDED . only #30 per month per MD

Rx#: 185065-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 120 TAB in 132 days

Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT

Inhale 2 puffs by mouth four times daily AS NEEDED shortness of breath "Empty container is to be returned for refill"

Rx#: 186006-DUB Doctor: Tang, Keith MD

Start: 10/13/20 Exp: 10/13/21

Pharmacy Dispensings: 25.5 GM in 107 days

Amitriptyline 75 MG Tab

\*\*\*pill line\*\*\* Take two tablets (150 MG) by mouth at bedtime . \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 185066-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 360 TAB in 132 days

Benztrapine 1 MG Tab

\*\*\*pill line\*\*\* Take one tablet (1 MG) by mouth at bedtime . \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 185067-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 150 TAB in 132 days

Budesonide/Formoterol 160-4.5 MCG/ACT 10.2 GM

Inhale 2 puffs by mouth twice daily as directed . \*\*rinse mouth after use\*\* "Empty container is to be returned for refill"

Rx#: 186007-DUB Doctor: Tang, Keith MD

Start: 10/13/20 Exp: 10/13/21

Pharmacy Dispensings: 30.6 gm in 107 days

carBAMazepine 200 MG Tab

Take one tablet (200 MG) by mouth twice daily

Rx#: 185933-DUB Doctor: Duncan, David DO/CD

Start: 10/08/20 Exp: 04/06/21

Pharmacy Dispensings: 210 TAB in 112 days

Complex: DUB--DUBLIN FCI	Begin Date: N/A	End Date: N/A
Inmate: CHEATHAM, CHERYL	Reg #: 55071-039	Quarter: C01-301L

**Active Prescriptions**

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each morning

Rx#: 179374-DUB Doctor: Tang, Keith MD

Start: 03/31/20 Exp: 03/31/21

Pharmacy Dispensings: 300 TAB in 303 days

Montelukast Sodium 10 MG Tab

Take one tablet (10 MG) by mouth each day

Rx#: 185209-DUB Doctor: Duncan, David DO/CD

Start: 09/23/20 Exp: 04/05/21

Pharmacy Dispensings: 120 TAB in 127 days

Oxybutynin 5 MG Tab

\*\*\*pill line\*\*\* Take one tablet (5 MG) by mouth at bedtime \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 185070-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 90 TAB in 132 days

Propranolol 10 MG Tab

Take one tablet (10 MG) by mouth twice daily

Rx#: 185071-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 240 TAB in 132 days

risperidONE 2 MG Tab

\*\*\*pill line\*\*\* Take two tablets (4 MG) by mouth at bedtime . \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 185072-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 300 TAB in 132 days

Sulindac 200 MG Tab

Take one tablet (200 MG) by mouth twice daily with food

Rx#: 186099-DUB Doctor: Duncan, David DO/CD

Start: 10/14/20 Exp: 04/12/21

Pharmacy Dispensings: 240 TAB in 106 days

traZODone HCl 50 MG Tab

\*\*\*pill line\*\*\* Take three tablets (150 MG) by mouth at bedtime . \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 185074-DUB Doctor: Duncan, David DO/CD

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 360 TAB in 132 days

Tiotropium Bromide HandiHaler 30 Cap 18 MCG Inh

Inhale one inhalation by mouth each day as directed . "Empty container is to be returned for refill"

Rx#: 186008-DUB Doctor: Tang, Keith MD

Start: 10/13/20 Exp: 10/13/21

Pharmacy Dispensings: 60 cap in 107 days

Venlafaxine ER/XR 24 Hour Cap 75 MG

Take four capsules (300 MG) by mouth each day

Rx#: 185075-DUB Doctor: Duncan, David DO/CD

Complex: DUB--DUBLIN FCI  
Inmate: CHEATHAM, CHERYL

Begin Date: N/A  
Reg #: 55071-039

End Date: N/A  
Quarter: C01-301L

### Active Prescriptions

Start: 09/18/20 Exp: 03/17/21

Pharmacy Dispensings: 528 CAP in 132 days

### Recently Expired Prescriptions

Bisacodyl E.C. 5 MG TAB

Take two tablets (10 MG) by mouth each day

Rx#: 187866-DUB Doctor: Tang, Kelth MD

Start: 12/14/20 Exp: 01/13/21

Pharmacy Dispensings: 60 TAB in 30 days

**Bureau of Prisons  
Health Services  
Medication Summary  
Current as of 11/13/2018 12:09**

Complex: DUB-DUBLIN FCI	Begin Date: N/A	End Date: N/A
Inmate: CHEATHAM, CHERYL	Reg #: 55071-039	Quarter: C03-092L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

**Active Prescriptions**

Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT

Inhale 2 puffs by mouth four times daily AS NEEDED shortness of breath

Rx#: 154166-DUB Doctor: Duncan, David DO/CD

Start: 06/28/18 Exp: 06/28/19

Pharmacy Dispensings: 0 GM in 139 days

ARIPiprazole 10 MG Tab - *Discontinued*

\*\*\*pill line\*\*\* Take two tablets (20 MG) by mouth at bedtime . \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 158422-DUB Doctor: Duncan, David DO/CD

Start: 10/24/18 Exp: 04/22/19

Pharmacy Dispensings: 60 tab in 21 days

Benzotropine 1 MG Tab

\*\*\*pill line\*\*\* Take one tablet (1 MG) by mouth at bedtime \*\*\*pill line\*\*\*

Rx#: 154167-DUB Doctor: Duncan, David DO/CD

Start: 06/28/18 Exp: 12/25/18

Pharmacy Dispensings: 150 TAB in 139 days

carBAMazepine 200 MG Tab

\*\*\*pill line\*\*\* Take one tablet (200 MG) by mouth twice daily \*\*\*pill line\*\*\*

Rx#: 155110-DUB Doctor: Duncan, David DO/CD

Start: 08/01/18 Exp: 01/28/19

Pharmacy Dispensings: 210 TAB in 105 days

DULoxetine HCl Delayed Rel 30 MG Cap *To 60mg*

Take one capsule (30 MG) by mouth each day

Rx#: 154169-DUB Doctor: Duncan, David DO/CD

Start: 06/28/18 Exp: 12/25/18

Pharmacy Dispensings: 90 Cap in 139 days

Hydrochlorothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each morning

Rx#: 156278-DUB Doctor: Sorkin, J. MD

Start: 08/29/18 Exp: 08/29/19

Pharmacy Dispensings: 60 TAB in 77 days

Mometasone Furoate Inhal 220 MCG/Inh ( 60 doses)

Inhale one inhalation by mouth twice daily as directed rinse mouth after use

Rx#: 158836-DUB Doctor: Urbano, Percival MLP

Start: 11/02/18 Exp: 05/01/19

Pharmacy Dispensings: 1 ea in 12 days

Complex: DUB--DUBLIN FCI

Begin Date: N/A

End Date: N/A

Inmate: CHEATHAM, CHERYL

Reg #: 55071-039

Quarter: C03-092L

**Active Prescriptions**

Montelukast Sodium 10 MG Tab

Take one tablet (10 MG) by mouth each day

Rx#: 158076-DUB Doctor: Duncan, David DO/CD

Start: 10/16/18 Exp: 10/16/19

Pharmacy Dispensings: 30 TAB in 29 days

predniSONE 20 MG Tab

Take two tablets (40 MG) by mouth each day with food for 5 days

Rx#: 159234-DUB Doctor: Duncan, David DO/CD

Start: 11/08/18 Exp: 11/13/18

Pharmacy Dispensings: 10 TAB in 6 days

risperiDONE 1 MG Tab

\*\*\*pill line\*\*\* Take one tablet (1 MG) by mouth at bedtime. \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 158423-DUB Doctor: Duncan, David DO/CD

Start: 10/24/18 Exp: 04/22/19

Pharmacy Dispensings: 30 TAB in 21 days

traZODone 50 MG Tab

\*\*\*pill line\*\*\* Take three tablets (150 MG) by mouth at bedtime. \*\*\*crush/empty\*\*\* \*\*\*pill line\*\*\*

Rx#: 158424-DUB Doctor: Duncan, David DO/CD

Start: 10/24/18 Exp: 04/22/19

Pharmacy Dispensings: 90 TAB in 21 days

Venlafaxine ER/XR 24 Hour Cap 75 MG

\*\*\*pill line\*\*\* Take two capsules (150 MG) by mouth each morning \*\*\*pill line\*\*\*

Rx#: 154174-DUB Doctor: Duncan, David DO/CD

Start: 06/28/18 Exp: 12/25/18

Pharmacy Dispensings: 300 CAP in 139 days

**Recently Expired Prescriptions**

predniSONE 20 MG Tab

Take two tablets (40 MG) by mouth each day with food for 5 days

Rx#: 158837-DUB Doctor: Urbano, Percival MLP

Start: 11/02/18 Exp: 11/07/18

Pharmacy Dispensings: 10 TAB in 5 days



DUBCO 540\*23 \*  
PAGE 002 OF 002 \*

SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 02-25-2021

\* 02-25-2021  
\* 13:15:52

REGNO.: 55071-039 NAME: CHEATHAM, CHERYL

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 01-06-2020 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 03-08-2018 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 12-20-2017  
TOTAL TERM IN EFFECT.....: 144 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 12 YEARS  
EARLIEST DATE OF OFFENSE.....: 05-31-2017

JAIL CREDIT.....:	FROM DATE	THRU DATE
	10-14-2016	12-19-2017

TOTAL PRIOR CREDIT TIME.....: 432  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED...: 634  
TOTAL GCT EARNED.....: 202  
STATUTORY RELEASE DATE PROJECTED: 01-18-2027  
ELDERLY OFFENDER TWO THIRDS DATE: 10-14-2024  
EXPIRATION FULL TERM DATE.....: 10-13-2028  
TIME SERVED.....: 4 YEARS 4 MONTHS 12 DAYS  
PERCENTAGE OF FULL TERM SERVED...: 36.4  
PERCENT OF STATUTORY TERM SERVED: 42.5

PROJECTED SATISFACTION DATE.....: 01-18-2027  
PROJECTED SATISFACTION METHOD...: GCT REL

REMARKS.....: 2-7-19 DIS GCT R/JMD.  
1-6-20 GCT UPDATED PURSUANT TO FSA R/JMD.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

DUBCO 540\*23 \*  
PAGE 001 \*

SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 02-25-2021

\* 02-25-2021  
\* 13:15:52

REGNO...: 55071-039 NAME: CHEATHAM, CHERYL

FBI NO.....: 417752K10  
ARS1.....: DUB/A-DES  
UNIT.....: C  
DETAINERS.....: NO

DATE OF BIRTH: 07-14-1953 AGE: 67  
QUARTERS.....: C01-301L  
NOTIFICATIONS: NO

HOME DETENTION ELIGIBILITY DATE: 07-18-2026

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
THE INMATE IS PROJECTED FOR RELEASE: 01-18-2027 VIA GCT REL —

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: MICHIGAN, EASTERN DISTRICT  
DOCKET NUMBER.....: 0645 2:17CR20053 (1)  
JUDGE.....: MURPHY  
DATE SENTENCED/PROBATION IMPOSED: 12-20-2017 —  
DATE COMMITTED.....: 06-20-2018  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$100.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 391 21:846 SEC 841-851 ATTEMPT  
OFF/CHG: 21:841(B) (1) (A), 846 CONSPIRACY TO POSSESS WITH INTENT TO  
DISTRIBUTE COCAINE CT1.

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE..: 144 MONTHS —  
TERM OF SUPERVISION.....: 5 YEARS —  
DATE OF OFFENSE.....: 05-31-2017

G0002 MORE PAGES TO FOLLOW . . .